

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Patent Number	6,852,703
	Issue Date	February 8, 2005
	First Named Inventor	Kingsman et al
	Title	Tumor Targeted Vector
	Art Unit	N/A
	Examiner Name	N/A
Attorney Docket No.	31127/43655	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 04743

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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I am the

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Date 19 March 2008
Name Peter Nolan	Telephone +44 1865 783000
Title and Company Senior Vice President of Commercial Development, Oxford BioMedica (UK) Ltd	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 2 forms are submitted

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: 19 March 2008	Signature: (David A. Gass)